



APPLICATION FOR A PERMIT TO SHOOT OR HUNT FROM A STATIONARY VEHICLE FORM 301-01

LEAVE BLANK—F&W USE ONLY	
Permit Number	
Issued By	Date Issued
Approved by: _____	
Date: _____	

The Division will not consider your application unless you complete and submit this application form.

Application must be filled out completely. Incomplete applications will be returned.

Mail this completed application form to the: **New Jersey Division of Fish & Wildlife
Handicapped Permit Section
PO Box 400, Trenton, NJ 08625-0400**

SECTION I—TO BE COMPLETED BY APPLICANT. (Please type or print legibly)

Applicant's Name				Driver's License Number	
Street or Route				Telephone Number (include area code)	
City, State, Zip Code					
Date of Birth (Mo.—Day—Year)	Color Eyes	Color Hair	Weight	Height	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

I certify that I have read and understand the laws and regulations as they apply to this permit. The statements I make are true, correct and complete, and I realize that applying with false information could result in prosecution.

Applicant's Signature	Date Signed
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SECTION II—TO BE COMPLETED BY A LICENSED PHYSICIAN OR CHIROPRACTOR.

NOTE: Applicant must be disabled to the extent described on the back of this form to be eligible for a permit to shoot or hunt from a stationary vehicle. Please check the box that best answers each question.

A. MOBILITY (Licensed Physician or Chiropractor)

- Does applicant have a permanent or irreversible physical disability? ☐ Yes ☐ No
(see reverse side)
- Which of the following does applicant require for mobility?
 - Wheel chair ☐
 - Walker ☐
 - One leg brace or external prosthesis above the knee ☐
 - Two leg braces or external prostheses below the knees ☐
 - Two crutches or two canes ☐
- Is applicant able to ambulate without any of the above (2a-2e)? ☐ Yes ☐ No
- Will the applicant's need for any of the above (2a-2e) be permanent? ☐ Yes ☐ No

B. LUNG DISEASE (Licensed Physician)

Does applicant suffer from lung disease to the extent that: (1) forced expiratory volume for one second when measured by spirometry is less than one liter, or (2) the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest? ☐ Yes ☐ No

C. CARDIOVASCULAR DISEASE (Licensed Physician)

Does applicant suffer from cardiovascular disease to the extent that functional limitations are classified in severity as Class 3 or 4 according to standards accepted by the American Heart Assoc.? ☐ Yes ☐ No

Completed By (Doctor's Signature)	Medical License Number	Date Signed
Address	Telephone Number (include area code)	
City, State, Zip Code		

- A. (1.) Mobility (Licensed Physician or Chiropractor)

[illegible]